

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3	1							53					
4		1						54					
5	1							55					
6		1						56					
7			100					57					
8			45	1				58					
9			1	20				59					
10			1	1				60					
11			1					61					
12			1					62					
13			1	1				63					
14			1					64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4							TOTAL IND.					
TOTAL DEP.	670							TOTAL DEP.					
TOTAL CLAIMS	10							TOTAL CLAIMS					
	14												